



PRESS RELEASE

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DOES THE DRUG DAPAGLIFLOZIN BENEFIT HOSPITALIZED PATIENTS WITH COVID-19?

Although dapagliflozin was well tolerated in the DARE-19 trial regardless of kidney function, it did not significantly reduce patients' risks of various health outcomes.

Highlight

- In hospitalized patients with COVID-19, the SGLT2 inhibitor dapagliflozin was well tolerated regardless of kidney function, but did not significantly lower patients' risk of organ failure, kidney problems, or death compared with placebo.

Washington, DC (April 28, 2022) — In a recent randomized clinical trial of hospitalized patients with COVID-19 and cardio-metabolic risk factors, the sodium-glucose cotransporter 2 (SGLT2) inhibitor dapagliflozin did not significantly reduce patients' risk of organ failure, kidney problems, or death compared with placebo, although numerically fewer participants treated with dapagliflozin experienced these outcomes. The findings are published in *CJASN*.

SGLT2 inhibitors have numerous kidney- and heart-protective effects. Because COVID-19 affects multiple organ systems, Hiddo Lambers Heerspink, PhD, PharmD (University of Groningen, the Netherlands) and his colleagues conducted a secondary analysis from the Dapagliflozin in Respiratory Failure in Patients With COVID-19 (DARE-19) trial to assess the efficacy and safety of the SGLT2 inhibitor dapagliflozin in 1,250 patients with cardio-metabolic risk factors acutely hospitalized with COVID-19.

Dapagliflozin was well tolerated regardless of patients' kidney function, but compared with placebo, it did not result in a significant risk reduction in the primary outcomes of organ dysfunction or death, or improvement in recovery. Dapagliflozin also did not result in a significant risk reduction in the secondary composite kidney outcome of composite of acute kidney injury, kidney replacement therapy, or death.

“These new data from DARE-19 reinforce the safety of dapagliflozin in acutely ill patients hospitalized with COVID-19 even in those with reduced kidney function who are at particularly high risk of acute kidney injury,” said Dr. Heerspink.

An accompanying editorial notes that DARE-19 was a neutral trial for all of the outcomes it assessed, both individually and collectively. “Nevertheless, DARE-19 was a positive trial from the perspective of the safety of using an SGLT2 inhibitor while experiencing acute illness in patients with either preserved or reduced kidney function,” the authors wrote.

Study authors include Hiddo J.L. Heerspink, Remo H.M. Furtado, Otavio Berwanger, Gary G. Koch, Felipe Martinez, Omar Mukhtar, Subodh Verma, Samvel B. Gasparyan, Fengming Tang, Sheryl L Windsor, Vicente Cés de Souza-Dantas, Mildren del Sueldo, Robert Frankel, Ali Javaheri, Rafael A. Maldonado, Caryn Morse, Marco Mota-Gomes, Douglas Shemin, Osvaldo Lourenço Silva Jr., Alexandre Pereira Tognon, Marcel Twahirwa, Joan Buenconsejo, Russell Esterline, Jan Oscarsson, Philip Ambery, Anna Maria Langkilde, and Mikhail N Kosiborod.

Disclosures:

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The article, titled “Dapagliflozin and Kidney Outcomes in Hospitalized Patients with COVID-19 Infection: An Analysis of the DARE-19 Randomized Controlled Trial,” will appear online at <http://cjasn.asnjournals.org/> on April 28, 2022, doi: 10.2215/CJN.14231021.

The editorial, titled “Learnings from Throwing Paint at the Wall for COVID-19 with an SGLT2 Inhibitor,” will appear online at <http://cjasn.asnjournals.org/> on April 28, 2022, doi: 10.2215/CJN.03250322.

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